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SYLVESTER BRINSON, Plain	ıtiff•			•
vs.)	Case No	
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	PROOF / CERTI	FICATE O	F SERVICE	
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TO: Hon. KENNETH S.		_	on. LISA MAD	
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PLEASE TAKE NOTICE t documents listed bel properly addressed t States Postal Service:	ow in the insucu o the parties list :	tional mai ed above i	l at <i>Logan Ce</i> for mailing th	orrectional Cente
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Logan Correctional Center 1096 1350th Street / PO Box 1000 Lincoln, Illinois 62656

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

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	ESTER BRINSON,			
			RECEIV	
(Enter a of the p this acti	above the full name plaintiffs in ion)		APRIL	22, 2008
	vs.	Case No:	08 C 500	
Dr.,M	ESROBIAN,	(To be supplied	d by the <u>Cler</u>	k of this Court
Dr. M	ICHAEL FERNANDO,			
DF. A	QUEEL KHAN,			
DIANA	DOBIER,	· .		
MARITA	L. MAHONEY,			
e "et al."		INTERS and oth	er JANE or	JOHN DOE,
ECK (ONE ONLY:			
K X	COMPLAINT UNDER THE U.S. Code (state, county, county).	HE CIVIL RIGHTS A or municipal defendant	CT, TITLE 42 S s)	SECTION 1983
	COMPLAINT UNDER TH 28 SECTION 1331(a) U.S.	TE CONCIETO I INV.		TION), TITLE
	OTHER (cite statute, if known		•	
ORF FI	LLING OUT THIS COMPLA FOLLOW THESE INSTRUCT			•

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Revised 4/01

A.	Name: SYLVESTER BRINSON
B.	List all aliases: N/A.
C.	Prisoner identification number: <u>R-29606</u>
D.	Place of present confinement: LOGAN CORRECTIONAL CENTER
E.	Address: 1096 1350TH STREET/BOX-1000, LINCOLN-IL., 6265
(If the I.D. pape	here is more than one plaintiff, then each plaintiff must list his or her name, aliases, number, and current address according to the above format on a separate sheet of er.)
Defe	14(4)
posi	endant(s): A below, place the full name of the first defendant in the first blank, his or her official tion in the second blank, and his or her place of employment in the third blank. Space we additional defendants is provided in B and C.)
posi	below, place the full name of the first defendant in the first blank, his or her official tion in the second blank, and his or her place of employment in the third blank. Space
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posit for t	below, place the full name of the first defendant in the first blank, his or her official tion in the second blank, and his or her place of employment in the third blank. Space we additional defendants is provided in B and C.) Defendant: Dr. MESROBIAN
posit for t	A below, place the full name of the first defendant in the first blank, his or her official tion in the second blank, and his or her place of employment in the third blank. Space wo additional defendants is provided in B and C.) Defendant: MEDICAL DIRECTOR Title:
position for t	A below, place the full name of the first defendant in the first blank, his or her official tion in the second blank, and his or her place of employment in the third blank. Space wo additional defendants is provided in B and C.) Defendant: Dr. MESROBIAN Title: Place of Employment: DIXON CORRECTIONAL CENTER Defendant: Dr. MICHAEL FERNANDO
position for t	A below, place the full name of the first defendant in the first blank, his or her official tion in the second blank, and his or her place of employment in the third blank. Space wo additional defendants is provided in B and C.) Defendant: MEDICAL DIRECTOR Title: Place of Employment: DIXON CORRECTIONAL CENTER
posii for t A.	A below, place the full name of the first defendant in the first blank, his or her official tion in the second blank, and his or her place of employment in the third blank. Space we additional defendants is provided in B and C.) Defendant: Dr. MESROBIAN
position to the second	A below, place the full name of the first defendant in the first blank, his or her official tion in the second blank, and his or her place of employment in the third blank. Space we additional defendants is provided in B and C.) Defendant: MEDICAL DIRECTOR Title: Place of Employment: DIXON CORRECTIONAL CENTER Defendant: STAFF PSYCHIATRIST Place of Employment: DIXON CORRECTIONAL CENTER DIXON CORRECTIONAL CENTER

PATRICIA A. VICTOV CLINICAL PSYCHOLOGIST DIKON CORRECTIONAL CTR.

DIANA DOBIER
PSYCHOLOGY DIRECTOR
DIACH CORRECTIONAL CENTER

MARITA L. MAHOHEY
PSTCHOLOGY INTERN
DITON COGRECTIONAL CTR.

II. Defendant(s):

D. DIANA DOBIER Defendant:

PSYCHOLOGY DIRECTOR Title:

DIXON CORRECTIONAL CTR. Place of Employment:

E_ MARITA L. MAHONEY Defendant:

PSYCHOLOGY INTERN Title:

DIXON CORRECTIONAL CTR. Place of Employment:

F. PATRICIA A. VICKROY Defendant:

CLINICAL PSYCHOLOGIST Title:

DIXON CORRECTIONAL CTR. Place of Employment:

G. Ms. WINTERS Defendant:

PSYCHOLOGIST-III Title:

DIXON CORRECTIONAL CTR. Place of Employment:

H. JANE DOE Defendant:

TO BE LISTED. Title:

DIXON CORRECTIONAL CTR. Place of Employment:

I. JOHN DOE Defendant:

TO BE LISTED. Title:

DIXON CORRECTIONAL CTR. Place of Employment:

Exhaustion of Administrative Remedies III.

You are required to exhaust all your available administrative remedies before bringing an action in federal court.

- Is there a grievance procedure available at your institution? A. YES () NO () If there is no grievance procedure, skip to F.
- Have you filed a grievance concerning the facts in this complaint? В. YES (J) NO ()
- If your answer is YES:
 - What steps did you take? Filed the necessary grievances and appealed to the Director/IDOC, repeatly complaining that RESPERDAL was issued to me under false pretenses, creating deliberate indifference.
 - 2. What was the result? Was told that I would have to take this issue up with the manufacturers and the FDA, because IDOC was-not in any position to handle this situation, and plaintiff even wrote to the attorneys/FDA/ manufacturers of this medication(s).
 - If the grievance was not resolved to your satisfaction, did you appeal? What was the result (if there was no procedure for appeal, so state.)
 SAME AS LISTED IN #2
- D. If your answer is NO, explain why not: afew months and plaintiff has been transferred and even writ'd to Court, in an unrelated matter (Child-Custody), SO THAT HE COULD NOT FILE SUIT.

	E.	Is the grievance procedure now completed? YES (1) NO (1)
	F.	If there is no grievance procedure in the institution, did you complain to authorities? YES (1) NO (1)
	G.	If your answer is YES:
a *		1. What steps did you take? Filed the necessary grievances and complained to the authorities
	• • •	on a regular about the side-effects this particular medication(s)
· .	2	was giving me and although plaintiff has been off the medication(s), he now states that the side-effects, which could have been avoided, the IDOC/STAFF totally ignored his pleas. What was the result? File #13 and grin and beareth it!
	<u> </u>	
H.	_an	our answer is NO, explain why not: Lieved that I was at fault and even characterized/stigmatized me d labeled me as being psychotic, so plaintiff then decided to le this lawsuit, in an attempt to get some just results.

	Name of case and docket number	-N/A.
	· · · · · · · · · · · · · · · · · · ·	.: _N/A.
	List all plaintiffs (if you had co-plants	aintiffs), including any aliases:
	List all defendants:	N/A.
	Court in which the lawsuit was file	i (if fodoral and
1	Court in which the lawsuit was file court, name the county):	i (if federal court, name the district; if
1	Court in which the lawsuit was file court, name the county): Name of judge to whom case was as: Basic claim made:	i (if federal court, name the district; if

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. COPLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

V. Statement of Claim:

State here as briefly as possible the facts of your case. Describe precisely how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

This is a continued pattern of deliberate indifference, neglect and/or continued ignorance of medications, as if an expriment, eg. lab rat, efcetera, and though plaintiff filed necessary grievances beginning from the Cook County Jail, to the DIXON C.C., and now herein (LOGAN C.C.), no one has reasonably examined him to actually find out, if or not, all involved defendants should have known of the possible side-effects, adverse reactions from prescribing this medication(s) and since plaintifff wholeheartly believes that his rights from cruel and unusual punishment was infringed upon by being somewhat forced to take this particular medication(s), almost to the point until he was later told that he has diabetes, thus plaintiff states that this continued pattern his being under doctor's orders for strict compliance of depression, therefore plaintiff argues that IDOC/STAFF's failure to perform an adequate examination in the merits of his claims, constitutes deliberate, indifference, because he repeatly informed Cook County officials, Dixon Correctional Center staff and now this Logan staff that being issued these medication(s) CAUSED/CREATED the Diabetes and he questions the fact that he only was told of diabetes, after the filing of his grievances, and don't forget to IDOC in Springfield. Plaintiff states that; interference, with medical questions/treatments is a proper claim for deliberate indifferece because he is being denied the chance

to actually be seen by a licensed personnel, not an under study whom is not
familiar with his medical needs and therefore failure to conduct tests to
determine the prisoner's symptoms were deliberate indifferent to his medical
needs and concerns, and predicated upon the medical history of the plaintiff
nothing is listed in the file that any tests was actually conducted and lab
work could have been detected while plaintiff was still under this treatment
of the taking of this false medication(s).
Plaintiff states a proper cause of action and states that his due-process
rights has been violated by cruel and unusual punishment of deliberately prescribing
medication(s) which they IDOC/STAFF should have known that it would eventually
lead and/or cause other symptoms of mistreatments.
Plaintiff is currently on medication(s) for emotional distress/depression/mental
illness and states that whether or not an instance of medical misdiagnosis resulted
from deliberate indifference or negligence is a factual question requiring expert
exploration by expert witnesses. Rogers v. Evans, 792 F.2d at 1058.
Plaintiff requests that this Court acts as the forum to decide whom shall be sued
based upon the consequences of their actions or omissions and find rather or not
if they amounted to deliberate indifference and since Wardens/personnel are not
responsible for the acts of their reliance upon the judgements of qualified
medical personnel, plaintiff states that the proper parties are listed.

VI. Relief:

To be determined by the court for a jury-trial and requesting that class-certification be issued, along with declaratory, compensatory and any needed injunctive reliefs. "THANK-YOU!"

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes. Plaintiff requests to amend this complaint at a later date when he may/can having support documents predicated upon the filing of a motion to produce documents and that all rights be hereby retained. CERTIFICATION By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court. _day of <u></u>\$____, 20**0\$**_ Signed this ADri (Signature of plaintiff or plaintiffs) Correctional Center Lincoln Illinois 62656

(Address)

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board Return of Grievance or Correspondence

Brinson Solvester	K 29606
Offender: Last Name / First Name MI	ID#
Facility: 1 Xon	Trye
Grievance (Local Grieyance # (if applicable): DG-11-18 or Correspondence	
Received: 2,14,01 Regarding:	
The attached grievance or correspondence is being returned for the following reasons:	
Additional information required:	
Use the Committed Person's Grievance Report, DOC 0047 (formerly DC 5657), including the Grievance (Administrative Officer's response, to appeal.	e .
Provide a copy of the Committed Person's Grievance, DOC 0046 (formerly DC 5657) including the couns applicable).	elor's response if
Provide date(s) of disciplinary report(s) and facility where incident(s) occurred.	
Unable to determine nature of grievance or correspondence; submit additional specific information. Ple grievance or correspondence with the additional information requested to: Administrative Review Boar Office of Inmate Issues	ase return the attached
1301 Concordia Court Springfield, IL 62794-927	7
	<u> </u>
Misdirected:	
Contact your correctional counselor regarding this issue.	ze the inmate arievance
Request restoration of Good Conduct Credits (GCC) to Adjustment Committee. If request is denied, utili process outlined in Department Rule 504 for further consideration.	20 the innute griovarios
Contact the Record Office with your request or to provide additional information.	Daview Beend
Personal property issues are to be reviewed at your current facility prior to review by the Administrative	Review Board.
Address concerns to: Illinois Prisoner Review Board 319 E. Madison St., Suite A Springfield, IL 62706	
N. C. Abanya dagaa	
No further redress: Award of Meritorious Good Time (MGT) and Statutory Meritorious Good Time (SMGT) are administrative of issue will not be addressed further.	decisions, therefore, this
Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be address	sed further.
☐ This office previously addressed this issue on/_/	
☐ No justification provided for additional consideration.	
1 St. 1	
Other (specify): Last Date Mentioned 15 4-10	1-06
Completed by:	2,53,01
Print Name Print Name Rule 504F Signature	. Date
Distribution: Offender, Inmate Issues (TT)	DOC 0070 (10/2001) (Replaces DC 710-1274)



Rod R. Blagojevich Governor

Roger E. Walker, Jr Director

Dixon Correctional Center / 2600 N. Brinton Avenue / Dixon, IL 61021 / Telephone: (815) 288-5561 / TDD: (800) 526-0844

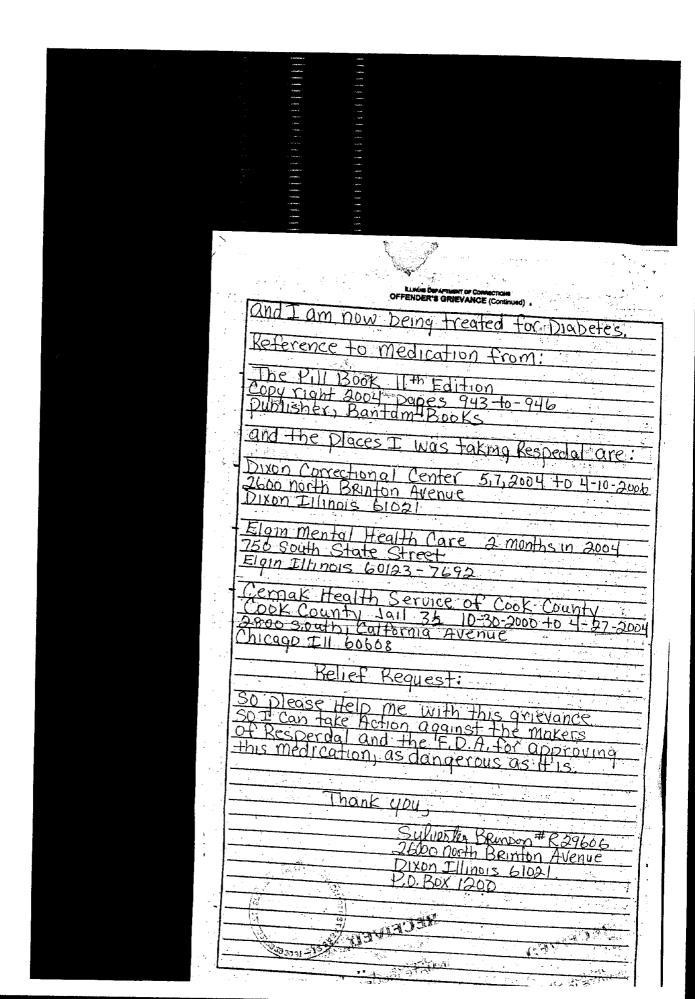
MEMORAND UM

DATE:	11-14-06	
TO:	Name Sylvester Brinson #IDOC R29606 Housing Unit 43	
FROM:	Chris Barnhart, Grievance Officer	
Nature of	Grievance Psych Medications	
Your Grie	vance is being returned due to the following reason(s):	·
	Use proper Committed Persons Grievance Report form (DOC 0046) Contact your assigned counselor Issue too vague; submit additional and specific information Correspondence/Request misdirected Unable to determine nature of grievance Nature of grievance and relief requested are two separate issues – clarify a Not submitted in a timely manner; issue is over two months old Issue previously grieved # 06-11-18 Inmates may not submit grievances for other inmates; only personal relief Requests for restoration of GCC should be forwarded to the Adjustment Codenied utilize the grievance process to appeal Illegible; resultant legible copy for consideration Address concerns to the Illinois Prisoner Review Board, 319 E. Madison Springfield, Illinois 62701 Contact the Record Office with your request and/or additional information. This issue is outside the jurisdiction of Dixon Correctional Center Forward directly to the Administrative Review Board Need to appear before the Adjustment/Program Committee prior to review No justification for further consideration Comments	and resubmit may be requested Committee; if St., Suite A.

	- 4400 - 113895				
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#O.A. Programmer Programmer		ALLINOIS DÉPARTMENT	OF CORRECTIONS		
	RE	SPONSE TO OFFEN	IDER'S GRIEVANCE		
1	<u> </u>	Grievance Offic	cer's Report		
Date Received: Dece	ember 10, 2006	Date of Review: Ja	nuary 23, 2007	_ Grieva	race # (optional): <u>06-11-18</u>
Offender: <u>Brinson,</u>	Sylvester		,,,	IO#:	R29606
Nature of Grievance:	HCU, medications				
`					
Brinson's labs are psychotropic medi psychotropic medi psychotropic medi Inmate Brinson wii Risperidal and the Grievance Officer	taken periodically a cations. Risperidal cation. Il need to pursue his FDA on his own ac suggests that he ma	nd monitored for all has been approved requested relief of cord, as the facility ake an appointment	ny side effects which d by the Federal Drug f seeking legal action is not able to assist	might be Admining against him in the y to explose	the manufacturer of is manner. This ore his viable options.
	Chris Barnhart Ci	OII	M	RP.	A
	Chris Barnhart, C Print Grievance Officer's Name (Attach ii copy of	i i	Griding counselor's response if	evance Office	er's Signature
	Ch	ef Administrative C	fficer's Response		
Date Received:	129 61	. Concur	☐ I do not conci) ır	Remand
Comments:	1.17	X	, as not conti		
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Chlad A 4	Ultu Inistrative Officer's Signature	(Gravalle 1	129/17	- · · · · · ·	Date
Chief Admi		Offender's Appeal 1	o The Director		- Lax
Lam appealing the Chief A Chief Administrative Office	0>			submitted v 62794-9277	within 30 days after the date of the ((Attach a complete copy of the
riginal grievance, including	the counselor's response	application and any posting			within 30 days after the date of the (, (Attach a complete copy of the
Salveste	BRIMBE	4007 406	R2960	6	Feb 8,2007
1	Offender's Signatur	FISSIF	ID#	-	Date

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	Personal Property	☐ Meil Han	dina [7] Partonetta - 40 -	programme of the second con-
	Staff Conduct	T National	Restoration of Good Time Medical Treatment	
	☐. Transfer Denial by I		Deniel by Transfer Coordinator	HIPAA
	. Disciplinary Report:			Other (specify)
		Date of Report		ctional Center
	Note: Protection C	Ustoriv Declar march a		
	Complete: Attach a promise	envoy venes may be get	ved immediately via the local administration of	in the proteotive custody status notification.
	Courselor, unless the	HEUD INVIDENT GOODINGS	nuch in a Dissiplinary Report, Bhalledown Recor	rd, etc.) and send to:
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	Administrative Review	W Board, only if the issue is	Viginarios.	and my contrastor.
	Administrative Officer	otropic drugs, leaves from	another facility except personal property leave	nator, protective custody, involuntary
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	Check only if this is an itself	RGENCY prievence due to	a substantial risk of imminent personal injury	Or Office serious or investment
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	Page 11. / .		Adminis Scretche	Jurisdiction of this facility. Send to strative Review Board, P.O. Box 19277. eld, IL_62794-9277
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ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board Return of Grievance or Correspondence

Offend	er: Brinson Solvester R27606 Last Name (First Name) MI IDA
Facility	" Dixon
Grie Receive	evance (Local Grievance # (if applicable): DG-11-18 or Correspondence ed: 2,14,07 Regarding: MCCS
The att	ached grievance or correspondence is being returned for the following reasons:
Additio	onal information required:
	Use the Committed Person's Grievance Report, DOC 0047 (formerly DC 5657), including the Grievance Officer's and Chief Administrative Officer's response, to appeal.
	Provide a copy of the Committed Person's Grievance, DOC 0046 (formerly DC 5657) including the counselor's response if applicable).
	Provide date(s) of disciplinary report(s) and facility where incident(s) occurred.
	Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board Office of Inmate Issues 1301 Concordia Court
	Springfield, IL 62794-9277
981- 41-	
Misdire	Contact your correctional counselor regarding this issue.
	Request restoration of Good Conduct Credits (GCC) to Adjustment Committee. If request is denied, utilize the inmate grievance process outlined in Department Rule 504 for further consideration.
	Contact the Record Office with your request or to provide additional information.
	Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
. 🗆	Address concerns to: Illinois Prisoner Review Board 319 E. Madison St., Suite A Springfield, IL 62706
No furi	ther redress: Award of Meritorious Good Time (MGT) and Statutory Meritorious Good Time (SMGT) are administrative decisions; therefore, this issue will not be addressed further.
K	Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
	This office previously addressed this issue on
	No justification provided for additional consideration.
	1.0 1
Other (specify): LUST Date Mentioned 15 4-10-06
Comple	eted by: Senta 2,53,07
Brstributi	Print Name Offender; Inmate Issues Offender; Inmate Issues Date Doc 0070 (10/2001) (Replaces DC 710-1274)



Rod R. Blagojevich Governor

Roger E. Walker, Jr Director

Dixon Correctional Center / 2600 N. Brinton Avenue / Dixon, IL 61021 / Telephone: (815) 288-5561 / TDD: (800) 526-0844

MEMORAND UM

TO: Name Sylvester Brinson #IDOC R29606 Housing Unit 43 FROM: Chris Barnhart, Grievance Officer Nature of Grievance Psych Medica Hins Your Grievance is being returned due to the following reason(s): MGT/SMGT is an Administrative decision; therefore this issue will not be addressed furth Use proper Committed Persons Grievance Report form (DOC 0046) Contact your assigned counselor Issue too vague; submit additional and specific information Correspondence/Request misdirected Unable to determine nature of grievance
Nature of Grievance Psych Medica Hons Your Grievance is being returned due to the following reason(s): MGT/SMGT is an Administrative decision; therefore this issue will not be addressed furth Use proper Committed Persons Grievance Report form (DOC 0046)
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Your Grievance is being returned due to the following reason(s): MGT/SMGT is an Administrative decision; therefore this issue will not be addressed furth Use proper Committed Persons Grievance Report form (DOC 0046)
MGT/SMGT is an Administrative decision; therefore this issue will not be addressed furth. Use proper Committed Persons Grievance Report form (DOC 0046)
Contact your assigned counselor Issue too vague; submit additional and specific information Correspondence/Request misdirected Unable to determine nature of grievance Nature of grievance and relief requested are two separate issues – clarify and resubmit Not submitted in a timely manner; issue is over two months old Issue previously grieved # 06-11-18 Inmates may not submit grievances for other inmates; only personal relief may be requested. Requests for restoration of GCC should be forwarded to the Adjustment Committee; if denied utilize the grievance process to appeal Illigible resultmit legible copy for consideration Address concerns to the Illinois Prisoner Review Board, 319 E. Madison St., Suite A. Springfield, Illinois 62701 Contact the Record Office with your request and/or additional information This issue is outside the jurisdiction of Dixon Correctional Center Forward directly to the Administrative Review Board Need to appear before the Adjustment/Program Committee prior to review No justification for further consideration

Chris Barnhart Grievance Officer Sylvester Brinson Ragboo Logan Correctional Center P.O. Box 1600 Lincoln Illinois 62656

Legal Mail

To Hon. Kenneth S. Gardner Clerk of U.S. District Court 211 South Court Street/Room. 272 Rock Ford. Illinous 6110/

This correspondence is from an inmate of the Illinois Department of Corrections.

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